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October 22, 2004

TO: Each Supervisor

FROM: Thomas L. Garthwaite, M.D.  
Director and Chief Medical Officer

 Jonathan E. Fielding, M.D., M.P.H.  
Director of Public Health and Health Officer

SUBJECT: **UPDATE ON MRSA**

On February 11<sup>th</sup>, 2003, your Board asked the Department of Health Services to provide regular updates on methicillin-resistant *Staphylococcus aureus* (MRSA) in the County Jail. In June 2003, your Board asked us to investigate MRSA in the County Probation (Juvenile) facilities and report back to the Board. This is an update to our report of July 22, 2004.

### **MRSA at the Los Angeles County Jail**

The total number of cases of MRSA skin infections identified in 2004 is 1904, including 214 cases identified in June, 221 identified in July, 245 identified in August, and 216 identified in September. At this time, cases identified within 5 days of admission to the Jail are presumed to be community-acquired and those identified more than 15 days are presumed to be acquired in the Jail. The percentage of infections identified greater than 15 days after admittance to the Jail ranged from 48-60% in 2004; the percentage of infections identified less than 5 days ranged from 18-24%.

Since March, the number of cases identified within 5 days of admission has remained remarkably constant each month (48-53 cases/month). Therefore the variation in the number of overall cases identified each month is greatly dependent on the number of cases that have been in the Jail for more than 15 days. Many of the interventions that Public Health has proposed (increased laundry, easy access to soap, hygiene education) are directed to preventing cases that occur after a longer stay in the Jail.

The good news is that despite the heavy use of antibiotics to treat MRSA, there is no evidence that the bacterium has developed resistance to the treatment antibiotics. Since 2002, MRSA has remained susceptible to the oral antibiotics currently being used by the Jail including clindamycin, rifampin, and trimethoprim/sulfamethoxazole. However, with the hiring of additional medical personnel, inmates should also be able to receive appropriate incision and drainage procedures for their wounds that may allow for a decrease in antibiotic use and more efficient healing.

These data were discussed at the bi-monthly MRSA DHS-Jail Task Force meetings in August and October. The Jail is developing strategies to ensure appropriate laundry exchanges, although lack of resources can hinder full compliance with Public Health recommendations. At the request of the Jail, Public Health has provided further treatment guidelines for initial and recurrent MRSA infections. Finally, researchers from UCLA and Harbor UCLA have proposed studies to look at the transmission of MRSA in the Jail, including the proportion of inmates that enter the Jail colonized with MRSA. Such studies could provide valuable information regarding the spread and control of MRSA in the Jail. The study is currently being discussed by staff from Public Health and the Jail.

At this time, we would like to re-iterate our support for hiring a full-time public health physician and epidemiology support for the Jail.

### **MRSA in the Los Angeles County Probation Facilities**

Seventy-two cases of MRSA infections were reported from the Probation facilities (Juveniles) from January-October 5<sup>th</sup>, 2004. There has been no apparent clustering of the cases. Staff from Public Health have been in regular contact with medical staff at the Probation facilities to answer questions and follow cases.

### **MRSA in the Community**

Staff from Public Health have finished environmental and prevention guidelines for MRSA, which are being printed. Staff from Public Health gave a lecture on local responses to community-associated MRSA at the recent California Communicable Disease Controllers conference in Berkeley and will present several posters on community-associated MRSA at an upcoming national infectious diseases meeting.

We will report back to you in 90 days. In the meantime, please contact either of us if you have any questions or need more information.

TLG:JEF:lg  
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c: Chief Administrative Officer  
County Counsel  
Executive Officer, Board of Supervisors  
Sheriff  
Chief Probation Officer